

CERTIFICATE OF SERVICE

I hereby certify that, on May 11, 2012, a true copy of the Verified Complaint In Rem and Warrant for Arrest of Articles In Rem re: CV-12-2173 United States of America against Two Hundred Eighty Nine Thousand Eight Hundred Dollars, et al., was sent by Certified Mail Return Receipt to:

Luis Damian Jacas
c/o David Segal, Esq.
30 Vesey Street, Suite 900
New York, New York 10007

Wine Care Storage
628 West 28th Street
New York, New York 10001

Eric R. Brahms
210 East 68th Street
New York, New York 10065

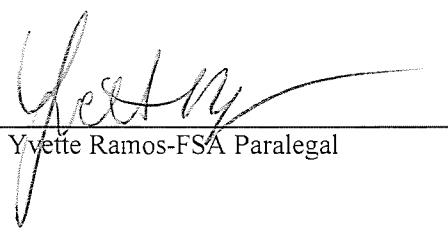
Eric R. Brahms
c/o Michael R. Bachner, Esq.
Bachner & Associates
39 Broadway, Suite 1610
New York, New York 10006

Irwin Gutman
2200 Ocean Avenue Apt 50
Brooklyn, New York 11229

Izak Irwin Gutman
c/o Carla Sanderson, Rubenstein
260 Madison Avenue #22
New York, New York 10016

Elle Chong
150 West 55th Street #7F
New York, New York 10019

Elle Chong
c/o Charles A. Ross, Esq.
Trinity Centre
111 Broadway, Suite 1401
New York, New York 10006

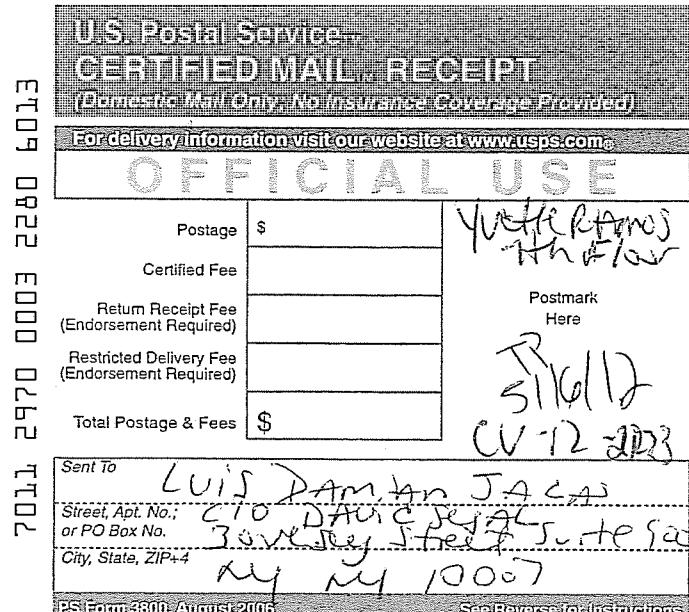

Yvette Ramos-FSA Paralegal

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 			
1. Article Addressed to:		<input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
LUIS DAMIAN JACAS C/O DAVID SEGAL, ESQ 30 Vesey Street, Suite 900 NEW YORK, NY 10007		B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No			
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
2. Article Number (Transfer from service label)		7011 2970 0003 2280 6013	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elle Chard Ross
c/o Charles A Ross, Esq.
Trinity Center
111 Broadway, Suite 1401
New York, NY 10006

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent
 Addressee

B. Received by (Printed Name)

Silverman

C. Date of Delivery
8/17/02

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7011 2970 0003 2280 6068

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Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eric Bahns
c/o Michael R Bachner
Bachner + Associates
39 Broadway, Suite 1600
NY NY 10006

COMPLETE THIS SECTION ON DELIVERY

A. Signature



Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
8/18

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

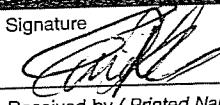
(Transfer from service label)

7011 2970 0003 2280 6044

PS Form 3811, February 2004

Domestic Return Receipt

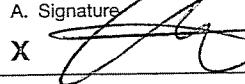
102595-02-M-1540

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) ERIC R BRATMAN</p> <p>C. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p><i>Eric Bratman 210 EAST 68th Street apt 15L New York, NY 10065</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7011 2970 0003 2280 6020</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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<p>1. Article Addressed to:</p> <p><i>Eric Bratman 210 EAST 68th Street apt 15L New York, NY 10065</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) 7011 2970 0003 2280 6006</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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<p>1. Article Addressed to:</p> <p><i>DAK Irvin Gutierrez 2200 Ocean Avenue Apartment 3-8 Brooklyn, NY 11229</i></p>		<p>MAILED 18 2012 BROOKLYN, NEW YORK 11229 ANNEX</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7011 2970 0003 2280 6051</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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<p>1. Article Addressed to:</p> <p><i>Elle Chong Ro 150 West 55th Street NY NY 10019</i></p>		<p>MAILED 18 2012 BROOKLYN, NEW YORK 10019 ANNEX</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7011 0470 0000 6140 7312</i></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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